	PATENT	APPLICA	ATION FEE	DETERI	MINATION F	e CORD	Appli	o cation	or Docke	2000
		E	Effective Oc	tober 1, 20	004		10/	15	117	h 1.
		CLAIMS	AS FÎLED -	PARTI						
			(Column 1)		(Column 2)	SMALL E TYPE	NTITY	OR	OTHE SMALL	R THAN ENTITY
TOTAL CLAIMS						RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED NU		NUMBER EXTRA	BASIC FEE	·	OR	BASIC FEE	1 m
TOTAL CHARGEABLE CLAIMS			/7 minus 20 = *			X \$ 9 =		OR	ļ	
INDEPENDENT CLAIMS			12	minus 3 =	9	X \$ 44 =	 	OR	Ba	do
MUL	TIPLE DEPEN	DENT CLAIM F	RESENT ·			+ \$ 150 =		OR	+ \$ 300 =	18
• If	the difference	in column 1	is less than ze	ro, enter "0"	in column 2	TOTAL		OR	TOTAL	121/2
CLAIMS AS AMENDED - PART II										1142
	·	(Column 1)		(Column 2	2) (Column 3)	SMALL	ENTITY	OR		RTHAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	+	Minus	**	=	X \$ 9 =		OR	X \$ 18 =	FEE
	Independent	*	Minus	***	=	X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESE	NTATION OF I	MULTIPLE DEP	ENDENT CL	AIM 🗍	+ \$ 150 =		OR	+ \$ 300 =	
						TOTAL ADDIT. FEE		OR	TOTAL	
		(Column 1)	T	(Column 2) (Column 3)	ADDIT: FEE			ADDIT. FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_=	X \$ 9 =		OR	X \$ 18 =	
	Independent	*	Minus	***	=	X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESE	NTATION OF A	ULTIPLE DEP	ENDENT CLA	IM 🔲	+\$ 150 =		OR	+ \$ 300 =	
	į	(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
믦		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	** ,	=	X \$ 9 =		OR	X \$ 18 =	
	Independent	*	Minus	***	=	X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 150 =		OR -	+ \$ 300 =	2
* ,	f the entry is set	ma 1 is less than	the enterior and			TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875 (Rev. 11/2004)

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